

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 28 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00325076</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee PR NEWSIRE			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 12 / 2014</div>	
Mailing Address P.O. BOX 5897			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">325.00</div>	
City NEW YORK		State NY	Zip Code 10087	
Purpose of Expenditure PRESS RELEASE		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Transaction ID : SE.10224 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 27 / 2014</div>
Name of Federal Candidate STEVEN DAINES			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">House Senate State: MT</div>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">325.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Mailing Address			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
City		State	Zip Code	
Purpose of Expenditure		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
Name of Federal Candidate			Office Sought: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">House Senate State: _____</div>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">325.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">975.00</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <div style="text-align: right;">Dorie Velezis</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 18 / 2014</div>	
[Electronically Filed]				